**Department/Program Name:**

**Date Submitted:**

**Department Assessment Coordinator or Faculty Member Completing this Form:**

**Academic Year this plan will take effect:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Outcome | ISLO\* | Assessment MethodsArtifacts | Performance Criterion (What are our criteria for success? What does it look like when a student can . . .) | Target percentages of students who will approach, meet and exceed performance criterion |
| What | When | From where | approach | meet | exceed |
| PSLO 1 (copy text here) |  |  |  |  |  |  |  |  |
| PSLO 2 (copy text here) |  |  |  |  |  |  |  |  |
| PSLO 3 (copy text here) |  |  |  |  |  |  |  |  |
| PSLO 4 (copy text here) |  |  |  |  |  |  |  |  |
| PSLO 5 (copy text here) |  |  |  |  |  |  |  |  |

(Add or delete table rows as needed.) \*In progress, but not yet established.

Extra Notes about Data Compilation, Interpretation, and Reporting

Using Results for Improvement

Procedure and Timeline for Administrative Review of Results